

CITY OF SANTA CLARA  
BUILDING INSPECTION DIVISION  
FAX AUTHORIZATION INFORMATION

1500 Warburton Avenue  
Santa Clara, CA 95050  
Phone #: (408) 615-2420  
Fax #: (408) 241-3823

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TIME: A.M./P.M.  
CIRCLE ONE

PROJECT ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME

CUSTOMER NAME: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

HOLDERS PHONE NUMBER: \_\_\_\_\_

CREDIT CARD TYPE: MC VISA DISCOVER AMER EXPRESS  
CIRCLE ONE

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE ON CARD: \_\_\_\_\_

SIGNATURE AUTHORIZATION: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

AMOUNT: \_\_\_\_\_

CASHIERING CODE: \_\_\_\_\_

PERMIT/CASE NUMBER: \_\_\_\_\_

CASHIERING RECEIPT #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PAYMENT FOR: \_\_\_\_\_

Note: Attach copy of terminal slip receipt, and fax authorization submittal.

RETAIN FOR THREE YEARS